

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5704

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 15

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Central Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Central Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dodd Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Perryville, R2.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>Manche</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>February 26, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>January 12, 1865</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Victor Manche</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Bey</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Jaco Manche</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wallace Chappius, Perryville, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic - cardio-vascular - renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>142X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perryville Perry Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>March 4, 1949</u> , to <u>Feb 26, 1949</u> , that I last saw the deceased alive on <u>Feb 25, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D A Carron</u>		23b. ADDRESS <u>Perryville Mo</u>	
23c. DATE SIGNED <u>2-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>	
25. ADDRESS <u>Perryville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb 28-49</u>	
REGISTRAR'S SIGNATURE <u>Joe J. Zschner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>	
25. ADDRESS <u>Perryville, Mo.</u>			

RECEIVED

Death Officer No. 4

File Number 349-3

Date Recd. 3-12-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Signed Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perrysville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.